

Connecticut Health Insurance Exchange Advisory Committees

Summary

The passage of the Patient Protection and Affordable Care Act (ACA) offers Connecticut an unprecedented opportunity to significantly expand access to health coverage and improve health care for Connecticut residents. With comprehensive reforms to hold insurance companies more accountable, expand access to affordable health insurance, and enhance the quality of care, the ACA sets the stage for the transformation of health care in our State and across the country. A central provision of reform is Connecticut's commitment to the successful development of the Insurance Exchange (Exchange), a quasi-public entity established by the Legislature and Governor Malloy in July 2011. The success of our Exchange will depend in large on our commitment to striking an effective balance with our stakeholder partners as well as meeting the myriad challenges inherent in the Exchange's need to function in both the public and private sectors. In order to maximize the potential of the Exchange's mission, given the magnitude of its goals and the ambitious timelines for establishment, a sustained and collaborative effort on the part of the State and our public and private stakeholder partners is critical. To this end, the Exchange is establishing four Advisory Committees to assist in a number of key areas. They will all serve to assist the Exchange in establishing policy, refining goals, delineating functions, and providing on-going program evaluation. These four thematic Advisory Committees are non-voting bodies composed of a variety of stakeholders, selected by the Board to represent a broad array of interests in Connecticut.

Advisory Committee Structure and Participation

Stakeholders interested in participation on an Advisory Committee shall submit a nomination form to the Exchange by February 3, 2012. After the February 3rd nomination deadline, the Lt. Governor will select a Stakeholder co-chair for each Committee as appropriate. When that selection has been finalized, the two co-chairs will select the stakeholder membership from the nominations received for their Committee with the commitment to ensure a broad-based, diverse representation. The Advisory Committee Membership will total no more than 15 members and will be formalized during the February 2012 Exchange Board of Directors meeting.

Time commitment for Advisory committee members is, at minimum, one meeting per month as well as any necessary conference calls to ensure key milestones are met.

Advisory Committee Nominations

To be considered for participation on an Exchange Advisory Committee or to nominate an individual, a nomination form is included at the end of this document (also available on www.healthreform.ct.gov under Exchange tab) and email to: amy.tibor@ct.gov.

Deadline for Nominations: February 3, 2012

Health Plan Benefits and Qualifications Advisory Committee

Exchanges are required to certify, recertify, and decertify plans as being Qualified Health Plans (QHPs) and must oversee the insurance products and practices of carriers offering coverage through the Exchange. QHPs must cover the Essential Health Benefits and provide an actuarial value (pay a share of the cost of covered services) at one of five defined levels: catastrophic (high deductible health plan), bronze (60%), silver (70%), gold (80%) and platinum (90%). QHPs are required to implement a wide range of quality improvement strategies, to meet standards for marketing, to ensure sufficient provider networks are offered and to have standardized plan presentation and uniform enrollment forms.

Committee Focus for 2012-2013

Development of innovative approaches to the design and implementation of benefit plan strategy and policy specific to Qualified Health Plans offered in the Exchange and to support tasks necessary to successfully meet State Certification requirements in the Fall of 2012. Key work areas/considerations for this committee will include topics such as: solicitation strategy with regard to QHPs; criteria to use in selecting the QHPs offered; the number of QHPs offered; number of plans a carrier will be allowed to offer at each benefit level; health benefits standardization and carrier flexibility issues.

BOD Co-Chair: Jeannette DeJesus

Stakeholder Co-Chair: _____

Committee Members (to date):

Robert Tessier

Dr. Robert Scalettar

Mary Fox

Mary Ellen Breault

Commissioner Jewel Mullen

Staff Lead: Director of Policy and Plan Management

Small Business Health Options Program “SHOP” Advisory Committee

Offering coverage to small employers and their employees through an Exchange is required under the federal health reform law. Federal law gives States the option to assign this function to a totally separate Exchange entity or to serve both the individual and small employer markets through a single entity, so long as there are adequate resources to serve both markets. Under reform, a SHOP Exchange is intended to allow individual workers to choose among the various qualified health plans (QHPs) offered by the Exchange. The employer chooses the level of coverage (actuarial value) the employer wants to contribute toward and the worker chooses the QHP the worker wishes to enroll in at that level.

Committee Focus for 2012-2013:

There are significant policy considerations that Connecticut is tasked with in SHOP Exchange development. This committee shall support work areas that are focused on viability, operational structure, and development strategy addressing specific questions around evaluating enrollment functions, premium collection, and plan payment operations. In addition, the committee will review purchasing options for small employers through the SHOP, and develop recommendations regarding ant minimum participation and contribution requirements for employers that the SHOP exchange may establish.

BOD Co-Chair: Mary Ellen Breault
Stakeholder Co-Chair: _____

Committee Members (to date):
Michael Devine
Grant Ritter

Staff Lead: Director of Policy and Plan Management

Consumer Experience and Outreach Advisory Committee

The consumer experience and satisfaction of Connecticut residents is one of the most critical organizing principles governing the development and operation of the Exchange. Health reform presents a historic opportunity for Connecticut to build a consumer-centric model that generates a cultural shift in the manner by which health insurance is purchased and utilized.

Committee Focus 2012-2013

To support and assist in comprehensive consumer outreach that will serve to provide the necessary strategy to successfully define, reach, engage and support our consumer. Questions to be explored include but are not limited to: How will this complex and diverse population be accessed appropriately, become comfortable with processes and take advantage of assistance? How is value defined and what are the key perspectives, experiences and interpretations? How will eligibility appeals be handled? What other types of consumer services should be provided? How can the Exchange work with other agencies and entities to reach the uninsured?

BOD Co-Chair: Vicki Veltri
Stakeholder Co-Chair: _____

Committee Members (to date):
Dr. Robert Scalettar
Cecilia Woods

Staff Lead: Director of Consumer Marketing and Communications

Brokers, Agents and Navigators Advisory Committee

A significant challenge of our health care system is navigating through health insurance options and making informed decisions. Multiple products and health coverage programs will be available in the market and can differ significantly with respect to benefits and cost-sharing, coverage standards, and provider networks. Insurance agents and brokers currently provide valuable assistance in helping individuals and employers make informed decisions about health insurance. Consumer advocacy organizations, on the other hand, are well versed in a range of public programs and underserved individuals. Leveraging the experience and knowledge of these different groups will be important to helping Connecticut residents navigate the new health coverage options that will be available through the Exchange.

Committee Focus 2012-2013

Navigator programs are required in the ACA to assist with Exchange enrollment and consumer support. There are a number of required components such as funding, qualifications, selection criteria, education activities, licensing standards and reporting that Connecticut will need to consider. This committee is

tasked with policy considerations around these topics and to specifically address issues such as classes of potentially qualified entities, demonstration of existing relationships and capabilities, licensure and accurate information, conflict of interest, linguistic and cultural appropriateness, etc.

BOD Co-Chair: Mickey Herbert

Stakeholder Co-Chair: _____

Committee Members (to date):

Secretary Benjamin Barnes

Staff Lead: Director of Consumer Marketing and Communications

Connecticut Insurance Exchange

ADVISORY COMMITTEE NOMINATION FORM

Submit to amy.tibor@ct.gov by February 3, 2012

Date: _____

Advisory Committee: _____

Name of Nominee: _____

Title: _____

Organization: _____

Email: _____ **Phone:** _____

Are you interested in being the Co-Chair? Yes ____ **No** ____

Submission made by: _____

Please include Nominee's Biographical Sketch (maximum 1 page)